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ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 55.]

THUS far I have cursorily alluded to some of the manifestations of mental influence in the form of those ordinary diseases which are daily subjected to our attention; and in so doing I have sought to refer the agency to that animal electricity which (as I have observed) so many physicians and philosophers consider the most plausible explanation. A careful contemplation of the phenomena can, in my opinion, bring us to no other satisfactory conclusion; and the more closely they are analyzed, and the more attentively examined, the stronger is the corroboration. But—

"Est quodam prodire tenus, si non datur ultra."

There is a boundary which we cannot pass, and there are secrets in nature, hidden from our eyes, which can probably never be revealed. The material organ of the mind is within our grasp—albeit, its subtle essence still eludes it; as the mariner can shift his sails and shape his course through the deep, but cannot control or command the winds that waft him through it! The human mind, even in its highest state of culture, is inadequate to the attainment of many mysteries; but light from Heaven, which has shone on many scenes of former doubt and darkness, may yet conduct the diligent inquirer to truths such as the human intellect has never hitherto attained.

We have taken a glance of the power of the mind in producing disease, and even death, and we have yet much before us as we advance. It may not, however, be irrelevant to direct our transient attention to its powers, and also to its condition, apart from disease, viz., in a state of Sleep, a state in which the external senses and the voluntary motions are lulled into insensibility and temporary quiescence, whilst the involuntary motions are carried on with steadiness, though perhaps with some relaxation of their activity. Here, in other words, the functions of the brain are comparatively suspended, whilst those of the ganglionic system (though sharing a portion of the insensibility of the brain from mutual connection) enjoy, with modified change, their own inherent power. When the activity of the brain and nervous system has been exhausted (as occurs every twenty-four hours under the ordinary circumstances of

existence), or when a greater demand than usual has been made upon them by excess in mental or muscular exertion, or by any other cause tending to expand their inherent excitability, this well-known miniature of death ensues; it is, in fact, a most salutary provision of nature for the restoration of that *vis vitæ* which would otherwise quickly be expended altogether. During sleep the process of nutrition is also carried on more perfectly, and with increased activity; and this is in some measure proved by the increase of corpulence, and general deposition of adipose substance, in those who indulge unnecessarily in it. This is humorously instanced in the fat boy in "Pickwick"! Every farmer knows that, where sleep is perfectly sound, and the mind as well as the body is in deep repose, *both* rest from their labors, and regain their strength; and so imperious is the demand where either mind or body have been *entirely* exhausted, that neither silence nor darkness, nor uneasy posture—nay, not even (as history can establish) the close approach of the hour of a public execution, can sometimes avert it. The fatigue of the body is, however, more inducive of it than fatigue of mind; for a close attention to literary labor frequently generates an irritability which prevents it; whereas in Captain Barclay's celebrated match of walking 1000 miles in 1000 consecutive hours, he was not only fast asleep (especially in the latter part of his task) the *moment* he sat down after completing his mile, but it was with the greatest difficulty that he could be aroused at the proper time for accomplishing another—so powerful a sedative is exhaustion.

After a certain time, however, which is when the mental energies are recruited, the sleep becomes less deep, the waking fancy begins to work, and those inexplicable monsters of the mind called dreams arise. They are the interludes between sleeping and waking—where imagination is busy whilst reason is prostrate and sensation is torpid, and where, consequently, the altered balance of nervous power distorts the action of the brain, not unfrequently generating intellectual abortions of hideous and incongruous formations. This is painfully exemplified in what is well known by the name of *nightmare*, where, under that abolition of voluntary power, a painful desire to exert the voluntary muscles arises—although, as soon as those voluntary muscles regain their power, the phantom vanishes. This is consequent for the most part on cerebral irritation communicated by the gastric nerves during a paroxysm of dyspepsia.

Now it is the aggravated state of cerebral irritation attendant on fever which constitutes delirium. Delirium is literally nothing more than a protracted dream during a state of disease; and as dreams generally consist of the revival of old associations respecting past events, or of new ones consequent on recent occurrences, which the intellectual powers are too much disordered to arrange, a confused mass of ideas is presented, and expressed aloud. Delirium, therefore, is a state of thinking, without the person being able to control the association of ideas, or correct his thoughts by external objects; sometimes they would appear to be prophetic, and their influence over the mind even fatal! A case illustrative of the power of dreaming is well authenticated in a lady, the daughter of Sir Charles Lee, who stated that one night, when she was

in bed, a little old woman came, undrew her curtains, and said—"I am your mother, and to-morrow, by 12 o'clock, you will be with me!" The young lady arose, wrote a letter to her father, sealed it with black wax, and by 12 o'clock on the following day was dead—so strong was the impression on her mind. There is an inscription on her tomb in confirmation of this extraordinary effect of the mind on the body, even during sleep. Many deaths have been predicted in dreams, and been verified; numbers in lottery tickets have been whispered in a dream, and been drawn prizes! and some useful admonitions have been communicated—for which, "search the scriptures."

Yet, although this is the ordinary state which constitutes dreaming, there is another state of sleep, named somnambulism, in which the bodily functions are more under the control of the will than what usually constitutes dreaming, so that the individual *acts* under the influence of his conceptions. Here, while the senses are obscured, and all other objects are unperceived, the somnambulist manifests a faculty of seeing, feeling, and of discovering the object of which he is in pursuit; for he walks, and frequently over dangerous places, in perfect safety, and performs many of the common offices of life, and can occasionally hold conversation. The brain would fain appear to be secreting ideas under the influence of sleep, and telegraphing their fulfilment to the obedient muscles of volition. Many and ludicrous are the instances recorded by medical authors; nor has the dramatist let pass the opportunity of amusing the public by the representation of these vagaries of Morpheus—"La Somnambula," to wit. I could relate many; I will only, however, adduce *one*, which came under my observation in a young lady of sanguine temperament and high nervous irritability, and who was under my care. She was a person of highly cultivated mind, and devoted herself very closely to the acquisition of knowledge, which was very probably conducive to the irritation. After having been in bed and asleep for two or three hours, she would gradually arise, put on her dressing-gown, go down stairs, walk about the drawing-room, sometimes balance herself like a rope-dancer on the back of the sofa as she walked from one end of it to the other; then go into the dining-room, open the cellarette, help herself to a glass of wine, afterwards return to her bedroom, plunge her face into a basin of water, and get into bed again. When spoken to, she would mutter an indistinct answer. In the morning she was perfectly unconscious of her midnight ramble, and only complained of slight headache, but not enough to interfere with her daily occupations.

It is difficult to explain these extraordinary occurrences satisfactorily or pathologically.

The functions of the brain and medulla spinalis are separate—sleep is undoubtedly an affection of the brain; and where the brain is *much* oppressed, constituting *coma*, its functions are entirely suspended—in sleep only partially so. Yet the spinal functions continue in office; and though in a protracted state of coma, not only they would shortly be suspended, but life itself, they are so little affected during sleep that the

voluntary muscles have a liberty of action; and somnambulism is equally a result and a proof of this. When the functions of the brain are *entirely* rested, and sleep, exempt from visionary interludes, is dispelled by nature being restored, it is then, perhaps, that the intellect is most clear, the judgment most perfect, the perception most acute, the sensibilities most refined. Thus, "The first moment of waking has been defined—that moment of horror to the unhappy, when, amidst returning perceptions, increased in acuteness by the refreshment of repose, a sense of misery suddenly darts its sting into the heart, and renews with tenfold vigor its suspended anguish." This is the time when so many victims of mental emotion rush headlong into eternity; and, could many of those unhappy beings who have been found dead in the morning be restored, I have no doubt that they would substantiate my conviction. They try to sleep again, but they invoke the drowsy god in vain:—

> "He, like the world, his ready visit pays
> Where fortune smiles: the wretched he forsakes;
> Swift on his downy pinion flies from woe,
> And lights on lids unsullied with a tear."

Could they but sleep again—could sleep but be induced by narcotics—their melancholy exit had been averted; but, aroused by nature from that sweet oblivion in which all their cares and troubles were just now shrouded and at rest, the sad reality of their condition is more acutely felt than when mingling with those who carry on the world, and whilst they were comparatively abstracted from themselves by the passing objects around them. The intensity of feeling predominates over every other consideration in that solitary hour, and, getting an unfortunate ascendancy over their better judgment, precipitates them into the abyss which alone appears to promise them a refuge from all sublunary difficulties and anxieties. "In some people [observes Dr. Burrows] the more soundly they sleep, when they awake, have all their hallucinations more vivid, and resume all their violence." That the ganglionic system is distinct from the brain is further demonstrable by experiment; for convulsions of the most violent character occur after decapitation, and can be called into action by galvanism long after the manifestations of life have ceased. Again, the spinal functions may be entirely arrested, as in paraplegia, and yet the operations of the brain remain unaffected. For example, I was requested to see a man in my neighborhood who had fallen from a tree on his back, and fractured the dorsal vertebræ. Entire anæsthesia of the lower extremities ensued, as well as all possibility of moving them; yet his intellect remained umimpaired till a few hours before his death, which did not occur till six weeks after the accident. Many such cases are recorded. All these effects—the classification of nerves, their distinct offices or functions, together with their pathology—are most lucidly expounded in Dr. Marshall Hall's Lectures on the Nervous System; but, as this subject is independent of the operation of *mind* on matter, it may be somewhat irrelevant to enlarge on it on this occasion. Where *mental* shocks are productive of spasmodic affections (of the which they are a fertile source) it is through the action of the brain on the excito-motory nerves. A paroxysm of epilepsy induced by mental excitement

is strongly illustrative of this; and sudden alarm or a burst of anger is a most frequent cause. "Parmi les causes excitantes de l'epilepsie la frayeur tient tout à coup sur le premier rang. La colère, et un chagrin profond, paraissent (apres la frayeur) tenir le premier rang parmi les causes de l'epilepsie." It is produced by depressing as well as by exciting passions. When there is a predisposition to epilepsy, a cause of either kind, be it productive of excessive or of defective action, may interrupt the equable transmission of the sensorial power, and thus occasion a fit: and hence it is desirable to retain every patient, who is subject to epilepsy, in a state equally distant from plethora as from undue emptiness of the cerebral vessels. In epilepsy both the cerebral and spinal systems are equally affected, as is demonstrated by the temporary stupor and insensibility in combination with the violent convulsions of the whole frame. The frequent occurrence of an epileptic fit during sleep evinces that it is referable to venous congestion in the brain; and the termination of the fit in stupor and headache, in addition to the effusion of serum, and other morbid appearances, consequent on repeated attacks, proves how deeply the brain is implicated in this distressing disease. The intellectual powers also become impaired, and frequently terminate in idiocy or insanity, dependent on serious organic lesions within the cranium. In other cases no abnormal appearance is discernible. "Sed et fessi fuerunt summi in arte viri atque in rebus anatomicis peritissimi (to use the words of Van Swieten), quod in cadaveribus hoc morbo defunctorum nihil invenerint sæpè quod culpare poterant." The pathology of this disease is unquestionably involved in much obscurity.

Now, connected with or consequent on epilepsy, it is not uncommon to find apoplexy or palsy. My learned predecessor in this rostrum, Dr. Marshall Hall, classed them, in fact, under one bracket, and supported the theory with his well-known ingenuity and talent. He says—"The patient affected with paroxysmal apoplexy sometimes becomes epileptic; the epileptic, on the other hand, sometimes experiences attacks which gradually assume the more apoplectic character. The fits of apoplexy usually terminate in an apoplectic stupor, and this sometimes in mania." Sudden emotions (as I stated in the early part of my lecture) have very frequently given rise to apoplexy, owing to the highly-increased arterial action, and the venous compression attendant on it, of which numerous instances are given by Aretæus, Portal, Cheyne and other authors; and, as both these states occur in an epileptic fit, an apoplectic or paralytic seizure may naturally be expected. Paralysis, according to my repeated observation, is more frequently connected with the depressing passions —such as distress of mind from losses, sorrow, frustrated speculations, and other sources of anxiety and disappointment. The nervous energy which had previously subsisted, and carried the projectors through much mental and bodily fatigue, producing increased determination to the brain, with congestion of the sinuses and veins, is succeeded by *exhaustion* of organic nervous power, giving birth, in persons of a gouty diathesis, to an attack of gout—in others, of mature age (and in whom the circulation through the brain is liable to physical imperfection), to a rupture of the minute bloodvessels, and consequent effusion into some part

of the encephalon. The result of such effusion manifests itself variously, according to the seat or to the extent of the lesion that has occurred. It may have occurred in the base of the brain, or in the spinal column, as well as in the meninges or substance of the brain itself. If the effusion in the brain be slight, absorption may take place, attended with entire recovery; or the effusion may increase, and be followed by extension and aggravation of the paralysis, and ultimately by death. But there *can* be *no* doubt that both apoplexy and paralysis are occurring almost daily from intellectual disturbance, and consequent on a deficiency of the due equilibrium of the nervous and vascular systems. Amongst the multitudinous minor instances adducible, another striking instance of the effect of the mind is displayed in the change of the color of the hair, which becomes rapidly grey, or falls off, under the influence of anxiety and grief. The late chaplain of Newgate told me that he has been astonished at the rapidity with which dark-brown or black hair, in young subjects who have fretted after their commitment, has been bleached. A lady of my acquaintance, who experienced great unkindness from her husband soon after marriage, lost every hair, not only from the scalp, but the eye-brows and eye-lashes came off; and her skull, in a few weeks, was as smooth and polished as a billiard-ball.

Other instances of the extraordinary operations of the mind present themselves in the metamorphoses of the fœtus in utero, as is well known and are highly authenticated; and, moreover, powerfully illustrative of the subject of my lecture—in the dispersion of warts by what is termed charming them—the suspension of an ague-fit by impressing the patient's mind with the conviction that it will not recur (be the instrument what it may)—the removal of disease by pretending to a miraculous agency—of the toothache, by invoking the presence of the dentist, &c. &c.

[To be continued.]

CASE OF PARACENTESIS THORACIS, FOR ABSCESS OF THE LUNGS.

BY S. HOWARD DICKSON, M.D., MECKLENBURGH, TENN.

It not unfrequently happens, in the different departments of science, that the researches of philosophers and students shall continue for some time to throw light upon step after step of the solution of any intricate and undecided question, and then suddenly, just as we begin to look for the conclusion, so important to be determined, all progress in that direction ceases: and it is not until we have almost forgotten that we were expecting such a result, that perhaps, by accident, one other move is made and the end attained.

Let us hope that it may not prove so with the rapidly increasing light now being shed upon the once obscure subject of heterologue deposits. The improvements in that part of physiology which relates to cell-formation, more particularly the established facts that tubercle is broken down or spurious cell, and that it is not so much the mere oil and albumen of the cell, as the vital principle, which is wanting or perverted; and the announcement, by the analyzers of the sun's ray, that any organisms,

either animal or vegetable, deprived of the actinic or chemical influence of that ray, cannot perfect properly the function of nutrition; these and others on the same or allied subjects, seem to point to something definite just on the eve of demonstration or discovery, which shall not only enable us to understand more fully the nature and cause of tubercular degeneration, but also guide us unerringly to some efficient and radical treatment for this class of affections.

But in peering thus curiously into the future, I am losing sight of my original intention, which was to give you a short account of a case which occurred a few years ago, in the practice of an experienced and scientific physician of this place, who is also an intelligent and original thinker. The case and its treatment excited a good deal of attention at the time, and is still remembered by the people as well as by the practitioners of this and the neighboring counties. But to be brief:—

On the 24th of January, 1848, Dr. R. was called to see Mr. P., who lived several miles distant. P. is one of a family, all of whom are of consumptive tendency, himself, perhaps, as strongly predisposed as, if not more so than, any other member of it. Dr. R. remembers the weather as being cold, damp and disagreeable in the highest degree. He found his patient suffering from violent pleuritic pain, with great dyspnœa and high excitement of the pulse. A blister, in connection with certain other remedies, failing to relieve him, after a few days, extensive pustulation by means of tartar emetic ointment was resorted to. A cough, whose violence nothing could allay, and the excessive discharge of tuberculo-purulent matter by expectoration, soon reduced him to the lowest degree of emaciation. With his bones almost protruding from the worn and bed-galled skin, which formed their only covering, his cadaverous countenance was the image of that death which seemed fast approaching.

About this time, the presence of a large vomica, forming quite superficially in the lung, if I may use such an expression, became evident, and led the physician to nurse one of the largest of the pustules immediately over it. When the abscess thus formed was about the size of a walnut, he plunged a lancet into it, and through the orifice thus made, issued such a quantity of purulent matter, that Dr. R. thought it prudent to turn him upon his back, without allowing it all to escape, until he had recovered himself a little.

The establishing of this external opening, was followed by an immediate cessation of the cough, and great palliation of the other distressing symptoms.

There was a slight return of cough, occasionally, during the convalescence, which began and went on steadily from that time. Another vomica seemed to form, and after some uneasy sensations, with a burning and stinging pain, it burst, communicating with the former one, as was shown by the increased discharge and the relief consequent upon it. The discharge gradually lessened, however, and the orifice finally healed at the end of eleven months.

It seems to me especially interesting to notice that, the necessity for coughing being removed, and with it the irritation produced by the cough,

his health and strength began at once to return, in spite of the discharge from his lung; so that he was riding about on horseback for months, and even went several miles to Knoxville, a distance of twelve or fourteen miles, with the orifice still open.

I will make no apology for bringing this case to the notice of the profession, as Dr. R.'s incessant occupation precludes the possibility of his giving a more detailed and complete history of it. The facts I learned not only from the fortunate medical adviser, but from the patient himself, now a hearty, healthy man, who assures me that "no one need die of consumption, who will come to Dr. R. to open his side and let the matter out."

It will be observed, that while the authorities, in recommending paracentesis thoracis for empyema, &c., distinctly except all cases complicated with tubercular disease, the present is an instance of its being successfully resorted to in one of these very excepted cases. The rule is, however, as far as I remember, supported by no cases reported in the books, and seems to have resulted from the theory, that no treatment could subdue the irritative inflammation and ulceration of tubercles.—*Charleston Med. Journal.*

REMARKABLE MIGRATIONS OF A PIN AND NEEDLE THROUGH THE BODY OF A YOUNG LADY.

BY NAPOLEON B. ANDERSON, M.D., LOUISVILLE, KY.

On the 20th of April, 1849, Miss Catharine M——, æt. 19 years, in a fit of laughter accidentally swallowed a large brass pin and a medium sized needle. No pain attended the passage of these bodies into the stomach, nor was any felt until after the expiration of about the third week, at which time a warm, pricking sensation was first felt in the cardiac orifice of the stomach, which position it maintained for the space of three months, when it gradually changed, and seated itself in the lower lobe of the left lung. In this situation it remained for some nine months, without any disturbance to the organ of respiration in which it was felt, with the exception of occasional cough and slight hemoptysis. During this period, the pain gradually moved to the glenoid cavity of the scapula, and was experienced at the insertion of the deltoid muscle, in which situation considerable pain was the result of elevation or rotation of the arm. From this point it moved to the arm pit, when the arm had to be carried horizontally, and no elevation, rotation, adduction or abduction could be performed without excruciating pain; the inner part of the arm turning very black, from the infiltration, I suppose, of blood into the surrounding parts. Pressure upon the parts produced no material change in coloration, nor was there any unusual amount of sensation or numbness in any part of the discolored portion, with the exception of the region in which these foreign bodies were situated. The arm remained in this condition, with no material changes, until December, 1850, when the pain and uneasiness moving from the arm-pit, towards the articulation of the ulna and radius with the humerus, settled in the belly of the bi-

ceps flexor muscle, forming there a dark spot the size of a half dollar, and very sensitive to the touch. An emollient poultice was applied for twenty-four hours, when fluctuation indicated the use of the knife. A quantity of bloody pus was discharged, and the needle and pin were extracted from two different apertures, about half an inch apart. The pin was dark, but the needle was bright, and had undergone no material change. Alteratives were used, and in ten days from the extraction of the bodies, the lady had perfect use of her arm, and has continued to do so ever since. During the period, from the swallowing of these substances until their removal, the constitution was not disturbed in the slightest degree, except the cough and hemoptysis spoken of; and this continued only as long as those articles were passing through the lungs, after which the symptoms disappeared. The lady underwent no treatment during their migration from the mouth to the arm, with the exception of a purge when she first swallowed the articles, and anodyne embrocations afterwards.

These pointed bodies appear to have travelled side by side over the entire route from the mouth to the point at which they were extracted, and must, in their course, have passed through the stomach, diaphragm, lung, pleura, among muscles and bloodvessels, before reaching the parts from which they were extracted. The points of each article presented at the incision made, and must, I suppose, have thus passed the entire distance.—*Western Jour. of Medicine and Surg.*

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 192, vol. xliv.]

Rhubarb is an instance of the happy union, in the same substance, of purgative and tonic properties. It suits almost every case in which purgation is indicated, except that of acute enteritic inflammation. Saline purgatives debilitate, and therefore suit only inflammatory and febrile cases; castor-oil simply evacuates; but rhubarb produces other good effects than merely unloading the bowels: it rarely operates in excess, and, after duly relaxing the intestines, its astringent property seasonably limits the action of its purgative one. It exerts an unequivocal tonic and invigorating effect on the digestive organs, and on the general system. It re-animates languid appetite, has no mean cholagogue properties, and improves sanguification. It is suitable in almost every variety of apyretic dyspeptic derangement.

Ricinus communis.—Castor-oil, as we have remarked in the last notice, is a simple purgative. It operates mechanically, if we may call it so, namely, by its oily quality enabling it to elude the muscular grasp of the bowels, and to glide along these; lubricating, in its transit, the internal surface of the intestines, and thus facilitating the passage of the alimentary bolus, or of fæcal scybala. It has little or no chemical or physiological action. When our object is absolutely nothing else than

to unload the bowels, without either exciting or depressing *systemically*, castor-oil (next to an aqueous *lavement*) is that which most directly and simply fulfils our wishes.

When castor-oil acts irritatingly or in excess, or utterly fails to act, we have grounds for suspecting some adulteration or other.

By some persons the taste and smell of this oil are not reckoned unpleasant. The writer has had it presented to him as a salad oil in Italy.

Rumex aquaticus and acetosus.—The sorrels. It is only on the latter that we propose offering a remark or two. It, as well as the rumex acetosella, or field sorrel, abounds in oxalic acid (in the form of the bin-oxalate of potash), tartaric acid, malic acid, tannin, &c. They are therefore carefully to be avoided by all persons of rheumatic or arthritic diathesis; for these acids, besides being absorbed into the circulation, and exasperating, in some peculiar way, the nervous system of persons with the diathesis referred to, seem to interfere with the due elimination of uric acid, leading to local inflammations of the cartilaginous tissues.

Salvia officinalis.—It is one of the bold speculations of Liebig, that the use of tea and coffee has been determined by their containing a nitrogenous principle, which renders them an acceptable or necessary substitute to nations who sparingly employ animal food. The theory strikes us as being a very fanciful and a very improbable one. Neither the Chinese nor Arabs are remarkable for a sparing use of animal food. The Chinese, indeed, are gross feeders, and use large quantities of ducks and geese. If infusions of nitrogenous vegetables had been sought, the bean, pea, &c., which abound in nitrogen, would have been selected. It is far more likely that it was the bitter taste and aromatic flavor of tea and coffee, conjointly with mere accident or some superstition or ignorant prepossession, that led two nations alone, among all the nations of the world, to the use of these plants. We will venture to predict that, on further examination, not a few of our indigenous plants will be found to contain identical or allied nitrogenous principles with those now supposed peculiar to tea and coffee, and as solving the singular enigma why the Chinese and Arabs came to employ these. We have an idea that such is probably the case with the article which heads this notice, and that, but for custom and fashion, it and other familiar plants, drank with cream and sweetened with sugar, like tea, would be found to produce equally agreeable and exhilarating effects with the latter, many of the elaborate eulogiums on which obviously rest on imaginary rather than any real grounds.

Tenesmus.—This unpleasant affection may have many causes, direct or indirect, such as the passage of acrid, biliary and other secretions, or irritation sympathetically communicated from a diseased bladder or prostate gland. An irritable, sub-inflammatory condition of the colonic mucous membrane, and the use of crude acerb fruit or wine, also not infrequently give rise to it. But a very usual though less suspected source of it is flatulence, which, by unduly distending the intestine, painfully affects the nervous twigs distributed in its coat. When the affection is seated in the stomach, duodenum and small intestines, the best means are pills of assafœtida and musk. When the colon is the suffer-

ing part, injections of warm water impregnated with assafœtida, or turpentine injections, produce prompt and complete relief.

In inflammatory states of the gastric and intestinal mucous membrane, the suffering caused by flatus is often very acute. The affection, if chronic, is temporarily relieved by the means above stated, but requires for its radical cure small doses of the bicarbonates of potass or soda, effervesced with citric acid or lemon juice, followed by light bitter infusions, such as those of taraxacum, anthemis, &c., combined with hyoscyamus, &c.

Tobacco.—See "Alphabetical Notice," *Nicotiana*, in The Lancet for March 1, 1851. (Vol. XLIV., page 191, of this Journal.)

Ulmine.—This preparation is used in France and on the Continent as an anti-spasmodic. It has slight diaphoretic properties, but I have not been able to satisfy myself that it acts otherwise than as an ordinary vegetable bitter. Some ascribe to it the virtues of a cutaneous alterative, but all diaphoretics more or less partake of these.

Urea.—We do not doubt that hereafter, when animal physiology, pathology and chemistry are better understood than they now are, we shall avail ourselves, with effect, of several of the bodily secretions and excretions as medicinal means. We are of opinion that, in certain cases, *urea*, combined with some of the mineral and *minero-vegetable* salts, such as nitrate and acetate of potass, &c., may be advantageously employed, as a *stimulant diuretic*. We have at present our attention directed to this most important subject. In the meantime we suggest it for the consideration of others.

Urethral spasm and irritation.—This may seem to be an affection remotely connected with dyspeptic derangement, but, in reality, we must seek for many renal and vesical irritations in disorders of *primary assimilation*. Of the secondary or tertiary derangements caused by these disorders of primary assimilation, none are more frequent than those of the kidney, bladder, and urethra. The character of the urine is one of the most delicate tests whether chymification and chylification have been normally completed; and we believe that *most* of the cases of structural disease of the kidney, irritation of the mucous membrane of the bladder, and spasm of the urethra, are remotely due to the development of morbid principles in the stomach and duodenum. It would engage us in too long and abstruse discussion to state on the present occasion, in detail, our grounds for this opinion, but we shall probably do so at another time; meantime, we merely call attention to the subject. We may add, that we believe the best treatment of many of the above supposed exclusively local affections, will be found to consist in rigid attention to the rectification of deranged *primary assimilation*. The *urinary* treatment is merely secondary and auxiliary.

Urine.—It occasionally happens that dyspeptic symptoms exist for a considerable length of time, without involving any derangement of the urine; the explanation of which probably is, that the kidneys are more than usually healthy and vigorous, and refuse, for a greater or less time, to separate from the blood any other than the normal constituents and the normal quantity of the urine. But at length, the morbid influence

of ill-conditioned blood, constantly operating, seems to destroy the elective delicacy of these important organs, and to lessen the completeness of their organizing power over the solid constituents eliminated through them.

There is little doubt that our knowledge of the true constitution of the urine is still to be acquired. Probably this fluid contains several substances not yet ascertained; and in regard to some of those ingredients which are already known to exist in the urine, it is still doubtful what proportion of them is to be considered the normal one, or whether, in any proportion, the principles referred to are to be regarded as normal at all.

The most important analyses of the urine are those of Berzelius, Lecanu, Prout, and Becquerel.

We shall confine ourselves to a few very general and desultory observations.

Becquerel's estimate of the quantity of urine voided daily in France, is greater than that of England, according to Dr. Prout's calculation. Supposing both chemists to be correct (which it is quite possible they may be), we have, then, an important cause, or consequence, of the different character of the diseases of the two countries. The diet of the French people is unquestionably more *diuretic* (so to speak) than that of the English. Besides the acidulous wines of the former, the use of vegetables and vegetable soups is large in France. The contrast between the inhabitants of the two countries on this point is considerable.

Digestive derangements which affect the constitution of the *urina potus* indicate more deep-seated mischief, either in the stomachic or the renal functions, than derangements of the *urina sanguinis*.

Urine which immediately on being voided gives out a sensible smell of ammonia, generally indicates that the vital powers have suffered declension; that disease has become chronic; that the patient is past middle life, or is prematurely aged, &c.

In arthritic and rheumatic cases, the mineral and vegetable acids are carefully to be shunned. Among the latter the oxalic is the most objectionable; next, the malic; then, the tartaric, citric, and acetic. There can be little doubt that these acids act injuriously by their astringent effect on the cutaneous and mucous surfaces, by their thus interfering with their own elimination and that of the uric and lactic acids; thereby loading the blood with acidulous principles; whence follows that peculiar irritative condition of the nerves, constituting local affections, such as sciatica, lumbago, gout, or the systemic disturbance of rheumatic fever. It is amazing how difficult it is to rid the blood of this acidulous diathesis (if the expression may be used), when once it has been formed. The excernents seem to find it a peculiarly hard task to eliminate acids. Years of rigid attention to the dietetic ingesta are necessary. Hence the rarity of radical cures of gout and rheumatism.—*London Lancet.*

CASE OF ICTHYOSIS.

BY J. T. BANKS, M.D., M.R.I.A., ETC.

JANE ARMSTRONG, aged 13, was admitted into the Whitworth Hospital, on the 24th of March, 1851.

The woman who nursed her states that from infancy she had a rough skin, but not such as to attract much attention until after she had been for some time at school, to which she was sent two years ago. As far as it can be learned, she has no hereditary claim to the disease under which she labors. She appears to be half starved, and has not attained the ordinary growth of a child of 10 years of age. The skin of the body generally is exceedingly rough; but the lower extremities, with the exception of the inner part of the thighs, present the ordinary appearance of the fish-skin disease; the thickened epidermis, however, especially over the knees, resembles much more closely the covering of the legs of a fowl than the scales of a fish. She says she never remembers to have perspired. Immediately after having been received into the Hospital this child was placed under the following treatment. In the first instance, a generous and nourishing diet was ordered for her, and she was directed to take a dessert-spoonful of cod-liver oil, three times in the day, the dose to be gradually augmented to a table-spoonful; a vapor bath was ordered for her every night, and, on coming out of the bath, the whole body to be well rubbed with cod-liver oil; a flannel dress to be constantly worn next the skin. This plan of treatment was sedulously persisted in for three months, and the event has been the gradual removal of the disease, and the most extraordinary change for the better in the general health and aspect of the little patient. On coming into Hospital she scarcely weighed four stone, and now her weight is five stone five pounds.

Having been long impressed with the conviction that icthyosis, as well as many other cutaneous diseases, appears with extreme frequency in persons of the strumous diathesis, I determined to treat this case by the administration of cod-liver oil, both internally and by the endermic method, knowing, from the experience of a vast number of cases, that to cod-liver oil belongs, above all other remedies, the denomination of "anti-strumous." The oil has been employed externally in many forms of disease with much advantage, but I do not know that it has been hitherto used thus in the treatment of icthyosis. Like all diseases which are difficult to manage, a great variety of remedial measures have been employed in this disease. The external application of "sweet oil," combined with the warm bath, and the internal use of pitch, has been found efficacious in the practice of Dr. Elliotson, but I am persuaded that the *vapor* bath, and the cod-liver oil inunction, are preferable to olive oil and the ordinary warm bath. There is one decided advantage which this plan possesses over those more generally followed, viz., that, while it appears (at least from the small amount of experience we possess) equally potent, it has the property of invigorating the frame, and improving the general tone of the system; whereas arsenic, mercury, &c., which we see prescribed in this class of diseases, though they often

cure the complaint, as frequently exercise a most baneful influence upon the general health.

A child about the same age as the subject of this communication, is at this moment undergoing the same treatment for icthyosis in the Whitworth Hospital, and I have the most sanguine expectations of a like favorable result. The probability of a recurrence of the disease must not be lost sight of, but assuredly it is less likely to return in proportion as the means which have been found equal to its removal are calculated to impart strength to the feeble frame. In conducting the treatment of icthyosis, perhaps as much as in any disease, is the patience of both invalid and physician exercised; and the frequent failures in the less inveterate examples of the affection are clearly traceable to an early abandonment of remedial means. These remarks are not meant to apply to hereditary or congenital icthyosis, which has ever been found so little under the control of treatment, and many cases of which frustrate the most judicious and best-directed measures.—*Dublin Quarterly Journal of Medical Science.*

MORTALITY ATTENDING OBSTETRIC OPERATIONS.

[From the review, in the Edinburgh Monthly Journal, of a new work on Practical Midwifery by Dr. F. H. Arneth, Assistant in the Lying-in Hospital of Vienna, we extract the following statistics. About 7000 women are annually delivered in this Hospital.]

One of the most interesting chapters in Dr. Arneth's volume, and one which has evidently cost Dr. Arneth no small degree of research and trouble, is an elaborate section on the maternal and infantile mortality attendant upon those obstetric operations which are had recourse to for the extraction of the infant in morbid and difficult labors. Setting aside three or four cases of operation by the Cæsarean section, gastrotomy, and symphesotomy, given in the Parisian reports, we find that, according to Dr. Arneth's researches, the following are the results to the mothers and children, from the other modes of artificial delivery adopted, viz., by the forceps, vectis, craniotomy and turning, in the three largest lying-in hospitals of Europe, as respectively reported by Boer and Arneth relatively to the Vienna Hospital, by Lachapelle and Boivin relatively to the Paris Hospital, and by Drs. Collins, M'Clintock and Hardy, relatively to the Dublin Hospital.

1. The proportion of cases of operative or artificial delivery of the child is very nearly the same in all these three great hospitals. In the Vienna Hospital under Boer, 1 out of every 55 women was delivered by one of the operations we have named, namely, by the forceps, vectis, craniotomy or version; and during the time of Dr. Arneth's report, operative delivery was resorted to in 1 out of every 69 cases. In the Paris Hospital, Madame Boivin reports 1 out of every 61 labors as requiring delivery by operation. Madame Lachapelle found that in the 10 years preceding 1810, 1 in 57 mothers was delivered artificially, and during the subsequent 10 years 1 in 82 required such a procedure. In

the Dublin Hospital, Dr. Collins reports 1 out of every 86 women as having been delivered artificially; and Drs. M'Clintock and Hardy describe 1 out of every 52 of their cases as having been similarly assisted.

2. Though the total proportion of operations is thus not very different in these three large hospitals, yet the results to the children are very diverse. We shall give these results in round numbers, and without copying the minute fractions that Dr. Arneth has appended. In the Vienna Hospital, in his operative deliveries, Boer lost nearly 1 in 2 of all the children; Arneth, 1 in 3 (or 33 out of 95 cases). In the Paris Hospital, in the same kind of cases, Lachapelle reports less than 1 in 2 of all the children as having been stillborn (or 207 were stillborn out of 541 deliveries); while Madame Boivin reports about 1 in 4 of the children as having been lost (95 having been stillborn in 334 artificial deliveries). In the Dublin Hospital, in his cases of artificial or operative delivery, Dr. Collins reports about 3 in every 4 children as having been lost (150 of the children out of 193 cases having been stillborn); and Drs. M'Clintock and Hardy return, under the same circumstances, a nearly similar amount of infantile mortality, out of 128 operative cases reported by them, the infants being stillborn in 98 instances. Or perhaps we may state these results, as regards the infantile mortality in operative cases, more intelligibly in per centage proportions. Taking this method, the results are as follows:—Out of every 100 operative cases, Boer lost about 47 of the children; Arneth, 34; Lachapelle, 36; Boivin, 28; Collins, 77; and M'Clintock and Hardy, 76.

3. The maternal mortality in operative cases is a matter of even still greater moment and greater diversity. Unfortunately we have no records on this point from the Parisian Hospital; as Lachapelle and Boivin have not published any general statistics relative to the fate of the mothers. The maternal results, however, in these cases, are given in sufficient fulness in both the Vienna and Dublin reports. Boer lost 1 out of every 17 mothers in his cases of operative delivery; Arneth 1 out of every 9. In his cases of operative delivery, Dr. Collins lost 1 out of every 4 mothers; and Drs. M'Clintock and Hardy nearly 1 out of every 5. Or, to state the result in per centage proportions, out of every 100 operative or artificial deliveries, Boer lost 6 mothers; Arneth, 12; Collins, 24; and M'Clintock and Hardy, 22.

As some explanation of these differences in cases of morbid labor, in the results to the mothers and children, we may state one fact, without entering further into the discussion of the subject. In almost all, or indeed all, operative cases in the Dublin Hospital, in which the head of the child has not completely passed down into the pelvic cavity, craniotomy is employed—an operation always, of course, fatal to the child, and extremely dangerous to the mother. In the Vienna Hospital, on the other hand, they deliver the child by turning, and not by craniotomy, when the head is above the brim; and they apply the forceps in other cases, where the head has *partially* descended through the brim, but which in Dublin would still be regarded and treated as crotchet cases.

INCISIONS OF THE SCALP IN EPILEPSY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having treated successfully several cases of severe inflammatory affections of the membranes of the brain, of a chronic character, during several years past, by incisions in the scalp, I beg to inquire of the profession, through the medium of your Journal, the probable effect of a similar treatment, in young persons subject to epileptic attacks. I have noticed, after death from nervous apoplexy, where the effusion or coagulum was formed near the surface of the brain, an ecchymosis external to that part of the skull in contact with the lesion.

The success of incisions in the cases alluded to, I have attributed to the closure or collapse of the bloodvessels in the membranes of the brain directly under the place of incision. It has been my practice to insert tents in the part incised, and to keep up a discharge for some two or three weeks. A cicatrix is formed, and the vessels become permanently contracted at the place of incision, while a corresponding diminution in the calibre of the vessels of the membranes of the brain takes place. This, I think, will be as permanent as in the part cicatrized. Now what I would suggest in cases of epilepsy, is the repetition of incisions at proper intervals, till nearly the whole scalp is cicatrized. This would result in a diminution of the calibre of the bloodvessels in the whole surface of the brain, and thus tend to prevent the afflux of blood to that organ, which occurs in the epileptic often from the slightest remote irritation.

Stanstead, Sept. 13, 1851. M. F. Colby, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 1, 1851.

Horner's Anatomy.—It is a compliment to any author to go into even a second edition; but when he appears in the eighth, as does Dr. Horner in the book before us, he may consider himself immensely popular, especially in a treatise like this, for not one in a thousand ever looks into a descriptive system of anatomy. From the first appearance of this excellent work, Dr. Horner has, in successive editions, been improving the text.

This edition is distinguished from the seven that have preceded, by copious illustrations, amounting, says the preface, to more than three hundred, some of which are of a character to aid the student materially in following out the complicated web of human organization. It may be well enough to remind those about commencing medical lectures, that this is one of the best, and certainly the latest, book on special anatomy and histology in the English language. It is in two full-sized octavo volumes —making 1010 pages. Messrs. Lea & Blanchard, of Philadelphia, have conferred a lasting favor on the medical profession of this country, by providing a native treatise that has few foreign equals and no superior. For sale in this city at Mussey's, Cornhill.

Geological Observer.—It is taken for granted that all scientific readers are familiar with the reputation of Sir Henry T. De La Beche, Director-

General of the Geological Survey of Great Britain. He is one of those profound explorers of nature, who have within a few years startled the world by the character and brilliancy of their discoveries. We cannot conceive of a higher intellectual treat, than to follow in the logical track of the geologists, who re-construct whole countries by the known adjustment of a few rocks or strata, precisely as Cuvier re-built extinct animal forms from the carpentry of a single bone. So astounding are the revelations of scientific geology, that it has become the engrossing pursuit of a class of men of a high order, who have made themselves illustrious while simply gratifying a taste for profound researches. It is a singular, and at the same time a proud circumstance, that very many of the leading geological minds, both in this country and Europe, are identified with the medical profession. To those who study only for the sake of contemplating the grandeur of the works of God, as unfolded and made clear to the understanding through the indefatigable pursuits of those who have unsealed the bowels of the earth, this volume will be invaluable. The work is a re-print, from the active press of Lea & Blanchard, Philadelphia. Copies are to be had in Boston at Mussey's bookstore, Cornhill.

Dr. Stratton on Cholera.—Whether the intention was to inflict a punishment, or confer a favor, by sending out a pamphlet on the cholera, is not known. It seems that in 1849, this disease was epidemic at Chatham, Rochester and Stroud, in England. Dr. Stratton was a naval surgeon, and was determined to discover both cause and remedy; but neither of them were found, if his report is reliable. Although rather tedious in its commencement, there is nothing so very formidable as to prevent his discourse from being read. However, it seems a waste of precious time to delve through forty-four pages, without being a whit the wiser for it. It is a characteristic of all the cholera authors, that they define most graphically what the disease is, and invariably interweave a beautiful theory, but in the meanwhile the cholera marches on, totally regardless of learned reports and sanitary directions. Dr. Stratton, very composedly, towards the close, sums up matters and things in this manner: "The treatment of this pestilence naturally resolves itself into five heads. 1st, the precautionary or the prophylactic treatment; 2d, treatment of the premonitory diarrhœa; 3d, cholera; 4th, consecutive fever; 5th, secondary fever." Then follows the remedy, which never cured a patient, in our humble opinion—for all the while it was pursued, the people were dying to an alarming degree, and still greater numbers have died since it was promulgated. With this plain statement, is it at all singular that we are heartily discouraged with reading cholera literature? Yet we hope the time may come when something more definite and satisfactory will be known and printed concerning cholera. This essay was thought to be of importance enough to be re-printed from the Edinburgh Medical and Surgical Journal of April, 1851.

Cleaveland Medical College.—In eight sessions, this institution has had 1500 students; and in the last four years, the average attendance has been about 240. These facts are pretty evident proofs that it is an enterprising college. Of one thing we are certain in regard to it, viz., if it were not all that it professes to be, Dr. John Delamater would not belong to it.

He is a man of tried experience, learned, skilful, conscientious and indefatigable. We were formerly associated with him in a school of medicine, where all his good properties and energies were brought to bear upon the minds of those under his daily instruction; it was a prominent desire of his heart to prepare them for social and professional influence.

Knoxville, Tenn., Primary Medical School.—F. A. Ramsay, M.D., in accordance with a suggestion of the American Medical Association, proposes to open a school for medical instruction on the 15th of February next. It has the approval of distinguished medical men of the State, and no doubt will succeed. Dr. Ramsay is a man of energy and thrift, and is well qualified for private or public teaching.

Eating Pork.—The New Hampshire Shakers have abandoned pork, as food, and they are not without good reasons for doing so. Moses understood the injurious effects of swine's flesh, which he learned of the Egyptians, and therefore interdicted it in his judicial character. The Egyptian priests, who were both philosophers and physicians, ages upon ages before the birth of the Jewish law-giver, had gained an insight into the constitution of man, which, transmitted through the Israelites, diluted and corrupted as it may be, still exerts a powerful influence on all modern systems of legislation. Whatever was unclean in the Mosaic catalogue of edibles, is still thought to be unfit for human food, with the exception of swine. It is an anomaly that the one article, more abhorred than all others in the Levitical code, should become a favorite dish with us American Gentiles. Scrofulous affections, if not generated, are thought to be aggravated by pork; and the measles has been charged to its use. The hog is omnivorous, and more uncleanly than any other animal domesticated for economical purposes—a fact in itself sufficiently strong to deter the Jews from using the meat. Let those who are possessed of the information, show how much more we suffer from certain cutaneous and glandular diseases than the people of countries where pork is not used for food. We never saw a single swine in the whole of Egypt or Syria. The old prejudice, or the ancient interdiction, appears to influence the public sentiment in those countries. With these views, we doubt not that the Shakers will be gainers in health, and perhaps in longevity, by eschewing pork. Lard oil and stearine, in domestic economy, are invaluable articles; and when the demand for them requires all the swine raised, it will be a happy circumstance for the people.

Mortality of Intemperance.—At a meeting of the Statistical Society of London, June 6th, a paper was read by F. G. P. Neison, Esq., from which we extract some data, in regard to the longevity of persons who are habitually intemperate. The mortality of this class of persons is shown to be frightfully high. In 6111·5 years of life, to which his observations extended, 357 deaths had taken place; but if these lives had been subject to the same rate of mortality as the general population of England and Wales, the number of deaths would have been 110 only, or less than one third. At the term of life from 21 to 30, the mortality was upwards of five times of that of the general community; and in the succeeding 20 years it was above four times greater. An intemperate person of 20 years

of age has an equal chance of living 15·6; one of 30 years of age, 13·8; and one of 40 years, 11·6 years; while a person of the general population of the country would have an equal chance of living 44·2, 36·5, and 28·8 years respectively. The influence of the different kinds of drinks on the duration of life was also shown; beer drinkers averaging 21·7 years, spirit drinkers 16·7 years, and those who drank both spirits and beer indiscriminately, 16 1 years. The average duration of life after the commencement of intemperate habits, among mechanics and laboring men, was 18 years; traders and merchants, 17; professional men and gentlemen, 15; and females, 14 years only.

Substitute for McMunn's Elixir of Opium.—The following is extracted from an article by E. Dupuy, New York, in the August number of the Philadelphia Journal of Pharmacy. Opium, ʒx.; water, q. s.; alcohol, 95 per ct., ʒiv. The opium is to be made into a thin pulp with water; the mixture allowed to stand in a cool place 48 hours, then transferred into an elongated glass funnel containing filtering paper; a superstratum of water equivalent to the bulk of the whole mass is added. When 12 ounces of liquid have been filtered, the alcohol is added to the filtered solution. The proportion of opium is the same as that in Tinct. Opii of the U. S. Pharmacopœia.

Chloroform for the Extraction of Teeth—Death.—The following case is related by Dr. Eissen, in the Gaz. Med. de Strasbourg, and affords another instance of fatal effects from the use of chloroform. It is fortunate for mankind that this alone, of the two modern anæsthetics, is ever known to produce such results.

"A lady, 36 years of age, of a bilio-sanguineous temperament, who had had three children, and whose health had always been satisfactory, was very much troubled with toothache. She had had four molar teeth extracted in the same sitting six or eight years previously; after which operation she had been seized with a convulsive fit. A little while ago the toothache became very distressing again, the patient had several nervous attacks, and was tormented with the idea that her dental pains exposed her to much danger. She sought the advice of a practitioner, and consented to a new extraction, stipulating, however, that she should take chloroform. Her husband held her hand, whilst her head was leaning against her maid; but before she had inhaled any chloroform, she started up and attempted to run away, using very incoherent language. When a little calmer, she sat down again, and a cloth, upon which a little less than two drachms of chloroform had been poured, was placed before her mouth and nose. The patient soon pointed out, by a few words, that the chloroform was beginning to take effect, and then became insensible. The operator extracted three teeth with the greatest promptitude, and only stopped when the husband directed his attention to the patient, who seemed to have fallen into an extraordinary state. On close examination, she was discovered to be quite dead, and the best-directed efforts were fruitless in reviving her."

Death of Sylvester Graham.—Most of our readers in this part of the country are familiar with the name of this individual, who some years

since made himself notorious in urging upon the community the system of light and exclusively vegetable diet to which his name was given. He has lately died at Northampton, in this State, at the age of about 50. The Gazette, of that place, states that his health had been gradually failing for the last year, and he had suffered much from rheumatism in his hands and feet. "A post-mortem examination disclosed no disease in the system, which, in the opinion of the medical examiners, was sufficient to produce his death; and the immediate cause of his decease is thought to be the use, contrary to the advice of his physician and friends, in the extreme exhaustion of the system, of Congress water and a tepid bath."

Idiot Asylums.—It is stated that the charge of the new Asylum for Idiots, which is to be established at Albany, has been offered to Dr. H. B. Wilbur, of Barre, the founder of institutions of this description in this country. We learn that this invitation has been accepted, and that Dr. Wilbur will soon remove to Albany. The present institution in Barre will be continued under the charge of Dr. Moore, of Barre.

Medical Miscellany.—Dr. Charles W. Davis has been appointed Secretary to the California Land Commission.—There are now living in Mansfield and Coventry, three brothers who are revolutionary pensioners, whose names and ages are as follows:—Samuel Dunham, 97, Sept. 1851; Stephen Dunham, 90, May, 1851; James Dunham, 88, Oct. 1851. Four brothers, who also served in the revolutionary war, died, aged from 63 to 81. Four sisters died, aged from 75 to 80.—Dysentery still prevails extensively in many places here at the north, but happily is not so fatal as in former seasons.—Govin Milroy, M.D., who was sent by the British Government to investigate and collect the cholera statistics of Jamaica, sailed recently from Boston for home.—A very large additional building is going up at the McLean Asylum, Somerville, in this State, at a cost of twenty thousand dollars.—Dr. Reid, a traveller through the highlands of Peru, is said to have found lately in the desert of Atacama, the dried remains of an assemblage of human beings, five or six hundred in number, men, women and children, seated in a semi-circle, as when alive, staring into the burning waste before them. The Spanish invader was at hand, and no escape being left, they had come thither to die.—Elizabeth Blackwell, the young lady made famous by her perseveringly successful efforts to fit herself for a physician, has finally concluded her studies and opened an office in New York.—Dr. George A. Gardner, accused of having defrauded the government in regard to a Mexican claim, has returned from Europe, and gave himself up for trial, being liberated, however, on heavy bail.—Cholera is making melancholy havoc at Mazatlan.—A second edition of Dr. Watson's learned treatise on the history, etiology and prophylaxis of Trismus Nascentium, has been published.—A plan is agitated in New Orleans of building up a new and economical establishment for the reception of emigrants, a short distance below the city.

To Correspondents.—Papers by Drs. J. M. Smith and C. B. Chapman have been received.

Married,—In Lancaster, Mass., William A. Hawley, M.D., of Albany, N. Y., to Miss Elizabeth Sophia, daughter of Rev. B. Willard, of Lancaster.—Benjamin E. Sawyer, M.D., of Concord, to Miss Sarah Foster, only daughter of Richard Foster, Esq., of Hanover, N. H.

Deaths in Boston—for the week ending Saturday noon, Sept. 27th, 81.—Males, 35—females, 46. Abscess, 2—accidental, 2—disease of bowels, 9—inflammation of bowels, 2—disease of brain, 2—consumption, 10—convulsions, 1—cholera infantum, 4—canker, 2—dysentery, 4—diarrhœa, 4—dropsy, 1—dropsy of brain, 1—diabetes, 1—fever, 1—typhus fever, 1—typhoid fever, 1—lung fever, 4—disease of the heart, 1—infantile, 14—marasmus, 1—old age, 1—palsy, 1—puerperal, 2—peritonitis, 2—teething, 4—unknown, 1.

Under 5 years, 38—between 5 and 20 years, 5—between 20 and 40 years, 26—between 40 and 60 years, 9—over 60 years, 3. Americans, 38; foreigners and children of foreigners, 43. The above includes 10 deaths at the City Institutions.